

RENTAL UNIT BUSINESS LICENSE APPLICATION

CHECKLIST PRIOR TO SUBMITTAL

- ☐ 1. Complete Application **(REQUIRED)**
- ☐ 2. Property Owner Affidavit **(REQUIRED)**
- ☐ 3. Nonrefundable fees **(REQUIRED)**
- ☐ 4. ****OPTIONAL**** Good Landlord Agreement Application & copy of Certificate

CHECKLIST AFTER SUBMITTAL

- 5. On-site inspections are required prior to any license being granted. It is the applicant's responsibility to schedule an inspection with the South Salt Lake Building Department and the South Salt Lake Fire Marshal within five business days of application submission. Applicants are responsible for conformance with all applicable city, county, or state codes.

**** ONLY COMPLETE APPLICATIONS WITH REQUIRED DOCUMENTS WILL BE ACCEPTED ****

Submitting a business license application does not authorize the applicant to conduct business. Conducting business without an approved business license constitutes a Class C Misdemeanor.

It is the applicant's responsibility to provide a complete application and obtain all applicable city, county, or state code approval requirements. Upon notice from the City that your application is incomplete you will have thirty (30) days to correct any problems and/or provide any missing information or payments. Notice of an incomplete application constitutes a denial of your application by the City. All application fees are nonrefundable. Any denial requires submittal of a new application including payment of all costs and fees. At the City's discretion denial of your application may result in your inability to resubmit an application for up to six months. Any denial may be appealed to the Administrative Law Judge pursuant to applicable procedures in the City Code.

APPLICATION FEES

| Category | Standard Rental License Fee | Fee For Good Landlord Program Participants |
|---|-------------------------------|--|
| Single Family | \$ 375.00 per unit | \$30.00 + \$30.00 per unit |
| Duplexes and Triplexes | \$ 101.00 per unit | \$40.00 + \$30.00 per unit |
| Duplexes and Triplexes – Owner Occupied | \$60.00 per unit | \$24.00 per unit |
| Quad-Plexes | \$150.00 + \$151.00 per unit | \$100.00 + \$30.00 per unit |
| Apartments – 5 or more units | \$150.00 + \$ 151.00 per unit | \$125.00 + \$30.00 per unit |



RENTAL UNIT BUSINESS LICENSE APPLICATION

Community Development Department
220 East Morris Avenue Suite 200
South Salt Lake City, UT 84115

| | | | | | | | |
|---|-------------------|--|---------------|-----------------|--|--|---------------------------------------|
| Application For: | | | | | <input type="checkbox"/> New Business | <input type="checkbox"/> Change of Ownership | <input type="checkbox"/> New Location |
| 1. RENTAL NAME AND ADDRESS | | | | | | | |
| RENTAL NAME | | | | NUMBER OF UNITS | | BUSINESS TELEPHONE | |
| | | | | EMAIL ADDRESS | | | |
| RENTAL ADDRESS | | | SUITE OR UNIT | CITY | STATE | ZIP | |
| BUSINESS MAILING ADDRESS (IF DIFFERENT) | | | | CITY | STATE | ZIP | |
| 2. BUSINESS OWNER AND RESPONSIBLE PARTY INFORMATION | | | | | | | |
| PROPERTY OWNER(S) AND DATE(S) OF BIRTH (ATTACH ADDITIONAL PAGES IF NECESSARY) | | | | ADDRESS | | | |
| | | | | CITY | STATE | ZIP | |
| TELEPHONE | | | | EMAIL | | | |
| PROPERTY OWNER(S) AND DATE(S) OF BIRTH | | | | ADDRESS | | | |
| | | | | CITY | STATE | ZIP | |
| TELEPHONE | | | | EMAIL | | | |
| MANAGER NAME(S) | | | | | | | |
| TELEPHONE | | | | EMAIL | | | |
| 3. PROPERTY OWNER INFORMATION | | | | | | | |
| FEE TITLE OWNER: | | | | | | | |
| **MUST MATCH SALT LAKE COUNTY ASSESSOR MAP – SLCO.ORG/ASSESSOR/MAPS | | | | | | | |
| IF FEE TITLE OWNER IS A COMPANY, NAME OF REGISTERED AGENT: | | | | | | | |
| TELEPHONE | | | | EMAIL | | | |
| MUST PROVIDE THE FOLLOWING TO SHOW PROPERTY OWNER CONSENT: | | | | | | | |
| PROPERTY OWNER AFFIDAVIT SIGNED & NOTARIZED ** INSTRUCTIONS & BLANK FORM ATTACHED IN APPLICATION PACKET ** <input type="checkbox"/> YES | | | | | | | |
| <p>This is to certify that I am making an application for the described action by the City and that I am responsible for complying with all City requirements with regard to this request. This application should be processed in my name, and I am the party with whom the City should communicate regarding any matter pertaining to this application. The documents and/or information I have submitted are true and correct to the best of my knowledge. I understand that my application is not deemed complete until all application requirements have been met, including the payment of any applicable fees, deposits, and/or bonds.</p> | | | | | | | |
| Signature: _____ Print Name: _____ Date: _____ | | | | | | | |
| OFFICE USE ONLY | DATE RECEIVED | | LICENSE FEE | | <input type="checkbox"/> PRORATED | | LICENSE TYPE |
| | LICENSE # | | | | # OF MONTHS LEFT | | RECEIPT # |
| | ZONING APPROVAL | | DATE | | <input type="checkbox"/> CONDITIONAL USE | | <input type="checkbox"/> RMITTED USE |
| | CURRENT ZONE: | | | | NOTES | | |
| | BUILDING APPROVAL | | DATE | | NOTES | | |
| | FIRE APPROVAL | | DATE | | NOTES | | |

GOOD LANDLORD PROGRAM APPLICATION

WHAT IS THE GOOD LANDLORD PROGRAM?

South Salt Lake's Good Landlord Program is a rental license incentive program that is intended to educate landlords on management strategies to prevent crime, maintain equity, and promote compatibility with surrounding neighborhoods. Applicants who are certified through the City's Good Landlord Program receive a significant reduction in their rental license fees.

CHECKLIST PRIOR TO SUBMITTAL

- ☐ 1. South Salt Lake Rental Business License **(REQUIRED)**
- ☐ 2. Attend a Good Landlord Class every 3 years see the following contacts **(REQUIRED)**

The Good Landlord, Inc.
Contact: Thomas Wood
801-554-0475
www.thegoodlandlord.net

The Utah Apartment Association
801-487-5619
www.uaahq.org/good-landlord-program.php

The contacts listed above will maintain schedules of classes for good landlord certification. A good landlord applicant can take a class from any jurisdiction in Utah. Online classes are not accepted.

- ☐ 3. Complete South Salt Lake Good Landlord Application **(REQUIRED)**
- ☐ 4. Property Owner Affidavit **(REQUIRED)**
- ☐ 5. Provide a copy of Good Landlord Class Certificate **(REQUIRED)**

CHECKLIST AFTER SUBMITTAL

- 5. On-site inspections are required prior to any license being granted. It is the applicant's responsibility to schedule an inspection with the South Salt Lake Building Department and the South Salt Lake Fire Marshal within five business days of application submission. Applicants are responsible for conformance with all applicable city, county, or state codes.

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GOOD LANDLORD PROGRAM WRITTEN AGREEMENT

THE UNDERSIGNED owner or operator of certain rental properties (the "Landlord") within South Salt Lake City desires to participate in the City's Good Landlord Program operated as part of the South Salt Lake City Landlord Training Program established pursuant to §4.12.010 et seq. of the South Salt Lake Municipal Code.

The Landlord is the owner or operator of the rental dwellings described in Exhibit A (the "rental dwellings"), attached to the application. It is understood that the Landlord may receive the annual discount authorized under §4.12.010 et seq. of the South Salt Lake Municipal Code against future business license or permit fees, if the Landlord operates and manages the rental dwelling units in compliance with the program requirements during the 12 month period preceding the City's determination of program compliance. The Landlord agrees to provide reasonable ongoing access to its rental records and to the rental premises if necessary for the City to make a determination of program compliance.

| 1. RENTAL NAME AND ADDRESS | | | | |
|--|---------------|-----------------|--------------------|-----|
| RENTAL NAME | | NUMBER OF UNITS | BUSINESS TELEPHONE | |
| | | EMAIL ADDRESS | | |
| RENTAL ADDRESS | SUITE OR UNIT | CITY | STATE | ZIP |
| BUSINESS MAILING ADDRESS (IF DIFFERENT) | | CITY | STATE | ZIP |
| 2. BUSINESS OWNER AND RESPONSIBLE PARTY INFORMATION | | | | |
| PROPERTY OWNER(S) AND DATE(S) OF BIRTH (ATTACH ADDITIONAL PAGES IF NECESSARY) | | ADDRESS | | |
| | | CITY | STATE | ZIP |
| TELEPHONE | | EMAIL | | |
| PROPERTY OWNER(S) AND DATE(S) OF BIRTH | | ADDRESS | | |
| | | CITY | STATE | ZIP |
| TELEPHONE | | EMAIL | | |
| MANAGER NAME(S) | | | | |
| TELEPHONE | | EMAIL | | |
| 3. PROPERTY OWNER INFORMATION | | | | |
| FEE TITLE OWNER: | | | | |
| **MUST MATCH SALT LAKE COUNTY ASSESSOR MAP – SLCO.ORG/ASSESSOR/MAPS | | | | |
| IF FEE TITLE OWNER IS A COMPANY, NAME OF REGISTERED AGENT: | | | | |
| TELEPHONE | | EMAIL | | |
| MUST PROVIDE THE FOLLOWING TO SHOW PROPERTY OWNER CONSENT: | | | | |
| PROPERTY OWNER AFFIDAVIT SIGNED & NOTARIZED **INSTRUCTIONS & BLANK FORM ATTACHED IN APPLICATION PACKET ** <input style="margin-left: 10px;" type="checkbox"/> YES | | | | |

PLEASE PROVIDE PROOF OF THE FOLLOWING:

- A. The owner or responsible party has completed the good landlord training program once every three years.
- B. Within thirty days of change in responsible person/s for management of the rental housing that the new responsible person/s has/have completed the good landlord training course.

LANDLORD AGREEMENT

The landlord agrees that the following will be adhered to as standard business practices:

- A. A written lease for every rental unit will be required.
- B. Implement a requirement that all adult occupants of the unit will be listed on the lease.
- C. That criminal background checks will be provided on every adult tenant listed on each lease.
- D. That the landlord or responsible party will serve notice of eviction within 5 days of receiving notice from the City of evidence which demonstrates by a preponderance of the evidence that the tenant or tenant's guest has been involved in a criminal act or maintained a nuisance on the premises.
- E. The landlord will provide the City with a telephone number, email, and postal address for the landlord or landlord's representative to which information regarding inappropriate behavior by tenants, occupants or their guests and other notices which may be sent to the landlord or landlord's representative. The landlord agrees that this information is sufficient to provide notice, is accurate, and will be kept up to date.
- F. That CPTED (Crime Prevention through Environmental Design) is practiced on the premises.
- G. The landlord will maintain the rental dwelling in a fit and habitable condition, as required by State code and relevant building, fire, and land use codes.

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Property Owner Signature: _____ **Print Name:** _____ **Date:** _____

Responsible Party Signature: _____ **Print Name:** _____ **Date:** _____

INSTRUCTIONS ON HOW TO FILL OUT THE PROPERTY OWNER AFFIDAVIT FORM

(BLANK FORM ATTACHED NEXT PAGE)

PROPERTY OWNER'S AFFIDAVIT

I/we FEE TITLE OWNER, being duly sworn, depose and say that I/we am/are the current owner of the property involved in this application: that I/we have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

Owner's Signature

Owner's Signature (co-owner if applicable)

Subscribed and sworn to before me this ____ day of _____ 20 ____.

Notary Public

Residing in Salt Lake County, Utah

My commission expires: _____

AGENT AUTHORIZATION

I/we, FEE TITLE OWNER, the owner(s) of the real property located at BUSINESS ADDRESS, South Salt Lake City, Utah, do hereby appoint NAME OF APPLICANT as my/our agent to represent me/us with regard to this application affecting the above described real property located in the city of South Salt Lake, and authorize NAME OF APPLICANT to appear on my/our behalf before any City Board or Commission considering this application.

Owner's Signature

Owner's Signature (co-owner if applicable)

On the ____ day of _____, 20 ____, personally appeared before me _____ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

Notary Public

Residing in Salt Lake County, Utah

My Commission expires: _____

FILL THIS
SECTION
OUT IF:

YOU ARE THE
OWNER AND
YOU ARE
APPLYING

FILL THIS
SECTION
OUT IF:

YOU ARE THE
OWNER AND
SOMEONE ELSE
IS APPLYING

**** FEE TITLE OWNER:**

MUST MATCH SALT LAKE COUNTY ASSESSOR MAP –
SLCO.ORG/ASSESSOR/MAPS

PROPERTY OWNER'S AFFIDAVIT

I/we _____, being duly sworn, depose and say that I/we am/are the current owner of the property involved in this application: that I/we have read the application and attached plans and other exhibits and are familiar with its contents; and that said contents are in all respects true and correct based upon my personal knowledge.

Owner's Signature

Owner's Signature (co-owner if applicable)

Subscribed and sworn to before me this _____ day of _____ 20 _____.

Notary Public

Residing in Salt Lake County, Utah

My commission expires: _____

AGENT AUTHORIZATION

I/we, _____, the owner(s) of the real property located at _____, South Salt Lake City, Utah, do hereby appoint _____ as my/our agent to represent me/us with regard to this application affecting the above described real property located in the city of South Salt Lake, and authorize _____ to appear on my/our behalf before any City Board or Commission considering this application.

Owner's Signature

Owner's Signature (co-owner if applicable)

On the _____ day of _____, 20 _____, personally appeared before me _____ the signers(s) of the above Agent Authorization who duly acknowledged to me that they executed the same.

Notary Public

Residing in Salt Lake County, Utah